

**MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

107049437

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2						
3		2		2		1
4	1		1		1	
5		1		1		1
6		2		2		1
7		2		2		1
8		1		1		1
9		0		0		1
10	1		1		1	
11		1		1		1
12		1		1		1
13						1
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TOTAL IND.	3	1		1	3	1
TOTAL DER.	12				9	
TOTAL CLAIMS	15				12	

  

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS